

WELCOME PACKET



**CHRONIC CONDITIONS SHOULDN'T
PUT CHILDHOOD ON PAUSE.**

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THANK YOU for choosing CHOC Specialty Pharmacy. We understand it can be overwhelming for parents to make sure your child gets the right treatment and medication(s). That’s why we provide education, personalized care and support along with the medication(s) your child needs. Please review the important information in this welcome packet, which includes services we offer, resources you can use and answers to questions you may have.

- Complete the attached forms and return them to our pharmacy as soon as possible. These forms help us:
- Protect your privacy
 - Get permission to bill your insurance
 - Keep your account up to date
 - Process payments
 - Deal with any problems that occur and get your child the medication(s) they need

Our specialty clinical pharmacists are trained in complex diseases, so they can offer peace of mind and answers to questions about your child’s medication therapy. If you have any concerns about delivery or services, we are one phone call away.

Sincerely,

The CHOC Specialty Pharmacy Team
 Local: 714-509-9118; Toll-Free: 1-877-RX4-CHOC (1-877-794-2462)
 Email: chocspecialtypharmacy@choc.org
 Website: www.choc.org/specialtypharmacy



CONCERNS ABOUT YOUR ORDER

We value our patients and families and want to continue to give excellent customer service. Please help us by checking if your shipment is correct when you receive it. Call our pharmacy team at **714-509-9118** or **1-877-RX4-CHOC (1-877-794-2462)** to inform us of any concerns or wrong orders.

FROM YOUR SPECIALTY PHARMACIST

A specialty pharmacist is available to teach you about your child’s medication(s). Please call a CHOC specialty pharmacist if you have any questions about your child’s treatment. A licensed pharmacist is available 24 hours a day, 7 days a week, for any urgent needs relating to your medication(s). Our pharmacists can be reached at **714-509-9118** or **1-877-RX4-CHOC (1-877-794-2462)**.

Please read the information that came with the prescription before your child takes the medication(s). Call your doctor for questions about side effects. You may report side effects to the Food and Drug Administration at **1-800-FDA-1088**.

California has a prescription monitoring program for controlled substances. Controlled substances are medications that are monitored or regulated by the government for safety. The pharmacy reports prescriptions for controlled substances to this program. The prescription monitoring program may request information from the pharmacy about controlled substance prescriptions.

IMPORTANT INFORMATION

COMPREHENSIVE CLINICAL CARE

CHOC Specialty Pharmacy offers personalized patient care. This includes everything from education on your child’s medical problem to access to pharmacists specially trained in complex diseases. We’re available whenever you need us to discuss your child’s medication(s), symptoms, side effects and treatment plan.



To reach your CHOC Specialty Pharmacy team, please call **714-509-9118** or toll-free at **1-877-RX4-CHOC (1-877-794-2462)**.

Your Specialty CHOC Pharmacy team can:

- Schedule a refill delivery
- Give you clinical support
- Check the status of your order
- Answer billing or insurance questions

Your call is important to us. We appreciate the opportunity to be your full-service specialty pharmacy.

HOURS OF OPERATION

Our pharmacy is open Monday through Friday, 10 a.m. to 6 p.m. (Pacific Time).

We are located at:

1201 W La Veta Ave, Suite B-224
Orange, CA 92868
Local phone: **714-509-9118**
Toll free: **1-877-RX4-CHOC (1-877-794-2462)**
Email: chocspecialtypharmacy@choc.org

CHOC Specialty Pharmacy will be closed on the following holidays:

- New Year’s Day (January 1)
- President’s Day (third Monday in February)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Christmas (December 25)

MEDICATION HISTORY

To give your child complete care, we need to know about current medication(s), allergies and health conditions.

QUESTIONS ABOUT MEDICATION

You have the right to speak with one of our pharmacists about your child’s medication(s). You can speak with your child’s pharmacist by phone.

Please call **714-509-9118** or toll-free at **1-877-RX4-CHOC (1-877-794-2462)**.

In case of an emergency, call 911 immediately.

The name of your child’s doctor is on the prescription label. Call our pharmacy if you need help finding your doctor’s phone number.

SPECIAL PACKAGING AND SHIPPING

Sometimes, a medication’s effectiveness could be affected by exposure to extreme heat, cold or humidity. To ensure your child’s medication(s) arrives safely, CHOC Specialty Pharmacy uses special packaging and expedited shipping. You may also notice that we use a different number of ice packs for medication(s) that need to be kept cold at different times of the year (e.g. more ice packs in warmer weather).

INSURANCE CHANGES

Please let us know immediately about any changes in insurance to prevent medication treatment from being interrupted. This will prevent delays for medication(s). If your insurance has changed and our pharmacy cannot fill your prescription, we will transfer your prescription to an eligible pharmacy that can.

SOCIAL AND FINANCIAL SUPPORT

At CHOC Specialty Pharmacy, we know that living with illness can be difficult. That’s why we’re here to help. Our goal is to support your family and doctor so your child can receive the best possible care throughout treatment. We are here to:

- Answer any questions you may have – even the stressful ones
- Provide emotional support and to talk with you about any issue
- Help find community assistance programs in your area
- Help find programs that offer financial assistance

GENERIC SUBSTITUTION

CHOC Specialty Pharmacy will substitute a lower-cost medication for a name-brand drug unless you or your doctor requests a specific name-brand drug.

SIDE EFFECTS AND ADVERSE DRUG REACTIONS

A side effect or an adverse drug reaction is an unwanted or unexpected effect that occurs during a drug treatment.

If your child experiences a medication side effect or adverse drug reaction such as allergic reaction, call your child’s doctor for medical advice or CHOC Specialty Pharmacy as soon as possible.



If you need immediate help, please visit your local emergency department. In case of emergency, please call 911.

You may report side effects to the FDA at **1-800-FDA-1088 (1-800-322-1088)** or the FDA/ MedWatch website: www.fda.gov/medwatch

For patients who are non-English speaking, translation services are provided. For more information, call toll-free at **1-877-RX4-CHOC (1-877-794-2462)** or the number on your child’s prescription label (**714-509-9118**).

MEDICATIONS, SERVICES AND PROGRAMS



CAN SPECIALTY MEDICATIONS BE DELIVERED?

We arrange delivery of your specialty medication(s). They can be delivered to your home, your doctor’s office or another approved location.

We will also include any necessary supplies like needles, syringes and alcohol swabs. If your child’s medication(s) require special care or refrigeration, they will be packaged and shipped that way.

HOW DO I FILL A NEW PRESCRIPTION?

CHOC Specialty Pharmacy will work with your doctor when your child needs a new prescription drug. In many cases, your doctor will send CHOC Specialty Pharmacy

a new copy of your child’s prescription. However, you may also call CHOC Specialty Pharmacy and request us to contact your doctor for the new specialty prescription.

HOW DO I ORDER REFILLS?

A patient care coordinator will call you before the medication is scheduled to run out. They will check your progress and decide when to ship the next refill. Please call **714-509-9118** or toll-free at **1-877-RX4-CHOC (1-877-794-2462)** during our normal office hours if you have any questions or need any help.

WHAT ABOUT MEDICATIONS THAT ARE NOT AVAILABLE AT CHOC SPECIALTY PHARMACY?

If you cannot get a medication at CHOC Specialty Pharmacy, your patient care coordinator will work with you and another pharmacy to ensure your child receives their medication(s). If you want your child’s prescription transferred to another pharmacy, please contact your patient care coordinator and we will transfer the prescription.



I HAVE QUESTIONS ABOUT MY CHILD’S MEDICATIONS. WHO CAN I TALK TO?

Please call CHOC Specialty Pharmacy if you have any questions about your child’s treatment. CHOC specialty pharmacists are trained on the medication(s) your child takes. They are here to answer questions about your child’s care plan. In the case of an emergency, call 911. A licensed pharmacist is available 24 hours a day, 7 days a week, for any urgent needs about your medication(s). Our pharmacists can be reached at **714-509-9118** or **1-877-RX4-CHOC (1-877-794-2462)**.

PATIENT CARE MANAGEMENT PROGRAMS

CHOC Specialty Pharmacy offers several patient care management programs. We have dedicated teams to work with each patient throughout treatment. CHOC Specialty Pharmacy created these programs for patients with long-standing and complex conditions. Our patient care team includes pharmacists, pharmacy technicians, patient care representatives and reimbursement specialists. Each team member has specific training in their areas to give your child the best care possible.

Our programs are customized to meet your child’s individual needs, covering all parts of your child’s treatment from proactive monitoring of therapy to helping manage side effects. These programs provide care for your specific medical conditions. The service includes:



- Ongoing evaluation
- Health monitoring
- Assessment of educational needs
- Management of medication use

For new prescriptions, CHOC specialty pharmacists will provide education for each patient (or caregiver) by telephone to explain:

- The medication(s)
- Storage and handling
- Adverse effects
- Precautions
- Dosing
- Instructions for use

What We Offer

- Our care team will reach out before each new refill shipment to arrange delivery and monitor treatment results.
- We will also contact you throughout treatment to encourage proper use of the medication(s) and to help manage any side effects your child may experience.
- CHOC Specialty Pharmacy will deliver to your preferred location: home, office or clinic.



- Our specialty trained pharmacists and clinicians are available by telephone 24 hours a day, 7 days a week to answer important questions about your child’s care.

CHOC Specialty Pharmacy care management programs will help your child get the most from their medication(s) and reach treatment goals. Our programs are a great way to be proactive and improve your child’s health. This service is provided at no additional cost and your involvement is completely voluntary. You can opt out by calling or emailing the pharmacy at any time.

BASIC SAFETY INFORMATION

HOW TO DISPOSE OF MEDICAL WASTE

For instructions on the proper disposal of unwanted or unused medications, please refer to the FDA website at www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know.

For medication and sharps waste disposal and drug take back in Orange County, please see these websites: www.oclandfills.com/hazardous-waste/medication-and-sharps-disposal
www.ochealthinfo.com/eh/waste/medwaste/medwaste

HOW TO DISPOSE OF SHARPS

If your child's therapy involves the use of needles, we recommend you obtain a red "sharps" container for needle disposal. You will use this container to dispose of all needles, syringes, and any other sharp objects for your child's care. The following simple rules will help to ensure you and your family's safety during your therapy.

1. Never place the cap back on a used needle. Instead, place it immediately in the "sharps" container.
2. Always keep the "sharps" container out of reach of children and pets.
3. Never overfill the container. When a container is overfilled, your child or a family member could get stuck with a used needle. If this happens, wash the area immediately with soap and water and call the pharmacy or your family physician as soon as possible.



4. As a backup, if there is no "sharps" container available, you may use an empty laundry detergent bottle with a screw on lid for disposal of sharp items.
5. You may dispose of your "sharps" container at your local fire department, or your local health department. Many counties have a program to return sharp containers. A list of these counties can be found at www.calrecycle.ca.gov/HomeHazWaste/sharps or by calling CalRecycle at **1-800-RECYCLE (1-800-732-9253)**.
6. Never dispose of sharp items in glass or a clear plastic container. Never put sharp items in a container that can be recycled or returned to a store.

REPORTING CHILD ABUSE

If you need help or have questions about child abuse or child neglect, call the Childhelp National Child Abuse Hotline at **1-800-4-A-CHILD (1-800-422-4453)** then push 1 to talk to a counselor. You can also visit their website at www.childhelphotline.org.

EMERGENCY DISASTER INFORMATION

In an emergency, follow instruction from local law enforcement, civil defense and emergency preparedness. If you are unable to contact the pharmacy during an emergency, contact the nearest emergency room.

FIRE

1. Rescue anyone from immediate danger. If a person is unable to walk or leave their bed, tie a knot at the head and foot of the sheet. Use the sheet to pull the person to safety. If two people are available, make a chair from the rescuers' arms and carry the patient to safety.
2. If it's safe, alert the fire department. Otherwise, evacuate the area.
3. If possible, turn off oxygen in the area. Try to contain the fire by closing off any access such as doors.
4. Try to extinguish the fire only if it is in a small area. Otherwise, evacuate the building and notify the fire department when you are safe.

EARTHQUAKE

1. Be prepared by storing food and extra bottled water. Have a transistor radio, flashlights and batteries available. Report any special needs for backup generator to electric/gas company.
2. Check for injuries.
3. Check home for any gas or water leaks and turn off appropriate valves.
4. Stay away from windows and broken glass. Wear shoes at all times.
5. If evacuation is necessary, go to the nearest shelter and notify the organizers of any special need requests.

- To contact American Red Cross, call **1-800-RED-CROSS (1-800-733-2767)**.
- For more information about emergency preparedness, visit www.readyoc.org/prepare/top5.html
- In case of an emergency, **call 911** immediately.

HURRICANE/TORNADO

1. Check for injuries.
2. Check home for any gas or water leaks and turn off appropriate valves.
3. Report any special needs for backup generator to the electric/gas company.
4. Stay away from windows and broken glass. Wear shoes at all times.
5. If evacuation is necessary, go to the nearest shelter and notify the organizers of any special need requests.

FLOOD

1. Be prepared by storing food and extra bottled water. Have a transistor radio, flashlights and batteries available. Report any special needs for backup generator to electric/gas company.
2. Contact the local law enforcement, civil defense and/or emergency preparedness.
3. Evacuate the area.

FREQUENTLY ASKED QUESTIONS

Q. WHAT IS A SPECIALTY PHARMACY?

A. A specialty pharmacy provides injectable, oral and infused medications. These complex and costly medications usually require special storage and handling and may not be available at your local pharmacy. Sometimes, these medications have side effects that require monitoring by a trained pharmacist or nurse. CHOC Specialty Pharmacy focuses on providing these medications while offering excellent customer service and clinical support to your child.

Q. HOW IMPORTANT IS IT TO TAKE ALL THE MEDICATIONS?

A. Following the doctor's instructions for the amount of the medication your child should take (for example, 20 ml once a day) and the length of time needed to take it (for example, every day for 3 months) to have a successful course of treatment. We understand that some medications may have unpleasant side effects or may be difficult to take. Our pharmacists are available to offer practical advice about dealing with these issues or to contact your doctor about how to manage these side effects.

Q. HOW DO I ORDER A REFILL? WILL YOU AUTOMATICALLY SEND IT TO ME?

A. CHOC Specialty Pharmacy will not automatically send medication(s). A CHOC Specialty Pharmacy representative (patient care coordinator) will call you to schedule your delivery at least a week before your child's next refill. During this call, we will confirm that your child is still taking the medication(s), that the doctor has not changed the dose and that your child is not having any unmanageable side effects.

Q. HOW LONG DOES IT TAKE TO RECEIVE MY MEDICATIONS?

A. Medications are usually shipped with expedited delivery within 24 to 48 hours after the complete prescription is successfully filled. CHOC Specialty Pharmacy will provide any additional supplies needed to give medications like needles, syringes and alcohol swabs.

Q. WHAT SHOULD I DO IF MY ORDER IS DELAYED?

A. A CHOC Specialty Pharmacy coordinator will make every attempt to contact you if there is any delay with your child's medication(s) delivery. However, if your delivery does not arrive by the end of the expected day, please contact us at **714-509-9118** or the toll-free number at **1-877-RX4-CHOC (1-877-794-2462)**. We can track your delivery with a tracking number.

Q. WHAT SHOULD I DO IF A MEDICATION IS NOT AVAILABLE AT CHOC SPECIALTY PHARMACY?

A. If there is a medication that CHOC Specialty Pharmacy does not have, we will find a pharmacy that is able to provide the medication and transfer the prescription. We will work with the other pharmacy to make it as easy as possible for you.

Q. WHAT HAPPENS IF THERE IS A DRUG RECALL?

A. A CHOC Specialty Pharmacy representative will notify you and your doctor if there is a drug recall that affects any of your child's prescriptions.

Q. WHAT IF I HAVE QUESTIONS ABOUT MY CHILD'S MEDICATIONS?

A. At CHOC Specialty Pharmacy, we have a team of pharmacists to answer your questions at **714-509-9118** or the toll-free number at **1-877-RX4-CHOC (1-877-794-2462)**. We are available for you 24 hours a day, 7 days a week. Please leave your contact information with our after-hours service and we will promptly return your call.

Q. WHAT IF I HAVE CONCERNS OR SUSPECT A MEDICATION ERROR?

A. Please contact us if you have any concerns about your child's medication(s), services received, delivery or other issues. If you suspect any medication issue(s) related to errors or counterfeit (fake) medications, please call the pharmacy and we will address your concern within 48 hours. If you want to file a written complaint, please fill out the Concern Form. We will address your concern within 5 business days and provide a final resolution (verbally or in writing) within 14 days.

Q. IF I NEED COPAY ASSISTANCE, HOW DOES THIS WORK?

A. Depending on the co-pay assistance organization, you may be required to pay for a portion of the co-pay. Also, many organizations have a maximum amount they will pay on your behalf per year; if your co-pays are more than this limit, you may have to pay the rest. CHOC Specialty Pharmacy will handle the billing for you. We will charge your insurance first and then the co-pay assistance organization for your child's medication(s). The organization will pay the co-pay on your behalf. Please be aware that if you have been conditionally approved for co-pay assistance through the Healthwell Foundation Fund, Chronic Disease Fund (CDF), The Assistance Fund (TAF) or the National Organization for Rare Disorders (NORD), you will be required to complete and return all paperwork and supporting documentation in a timely manner. Delays may put you at risk of losing your assistance.

Q. WHAT PREPARATIONS FOR MY CHILD'S MEDICATIONS DO I NEED TO BE AWARE OF WHILE TRAVELING?

A. At least two weeks before departure, check how much of your child's medication is remaining. This allows you enough time to call and schedule another shipment delivered to your home if needed and get any prescriptions from your doctor. If you need an early fill before your trip, please call us at **1-877-RX4-CHOC (1-877-794-2462)** so we can find out if your insurance will provide a vacation override (some insurance companies do not allow this).

Important tips for traveling with medication

We advise parents to carry the medication(s) with a copy of the prescription or the bottle/container with your child's prescription information on it. We recommend packing your child's medication(s) in a secure and easy-to-reach area of your carry-on luggage. If your child's medication requires refrigeration, place it into a plastic bag and then into an insulated container with an ice pack.

Q. WHAT SHOULD I DO IF I AM UNABLE TO REACH CHOC SPECIALTY PHARMACY AND I'M RUNNING OUT OF MEDICATION?

A. If you are running out or are out of medication(s) and it is not possible for you to reach the pharmacy, please contact your prescribing physician for immediate help.

Q. HOW DO I ACCESS MEDICATIONS IF AN EMERGENCY OR DISASTER OCCURS?

A. During an emergency or disaster, our pharmacy will be available at **1-877-RX4-CHOC (1-877-794-2462)** to provide pharmacy services. If we cannot provide services from our location, we will coordinate with your health plan and other pharmacy providers to be sure your child receives medication(s).

We included emergency preparedness information from the Red Cross and Orange County's Emergency Preparedness resources to help better prepare you in case of an emergency. Planning ahead involves such things as:



- Evacuation route
- Emergency Kit
- Extra water/food
- Emergency phone numbers
- Medications
- Important documents
- Care for pets, if needed

It is also important to plan a safe place to appropriately store your child's medication(s).

You can find more helpful information about emergency preparedness at:

www.redcross.org

www.readyoc.org/prepare/top5.html

PATIENT INFORMATION

APPEALS

If your health plan does not cover your child’s medication(s) or if you disagree with the benefits or coverage of your child’s medication(s), you may have the right to appeal with your health plan. Contact your health plan for more information.

RETURNED GOODS POLICY

The California State Board of Pharmacy Regulations does not allow the resale or reuse of a prescription item that was previously supplied. No refunds or credit can be issued for any unused or extra products. A CHOC Specialty Pharmacy patient care coordinator will arrange a return and reship of medication if your child’s medication(s) or supplies are defective.

CONSUMER ADVOCACY SUPPORT

There are organizations and programs to help support you and your rights as a consumer. To learn more about these resources, please visit the National Association of Consumer Advocates and at www.consumeradvocates.org/contact-naca.

PAYMENT POLICY

DRUG CLAIMS

CHOC Specialty Pharmacy will bill your insurance company for you. However, you may still have to pay some of the cost. This is called a copayment. You will be responsible for paying the copayment when you order medication or refills. We will tell you the exact amount needed to pay CHOC Specialty Pharmacy. You can always ask CHOC Specialty Pharmacy to provide the cash price of the medication and any other financial information if our pharmacy is in your network.

OUTSTANDING BALANCES

If for any reason you owe money for your medication(s), it will need to be paid before your next refill. We accept Visa, MasterCard, American Express and Discover credit cards.



PATIENT’S RIGHTS AND RESPONSIBILITIES

You and your parent/guardian have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to have your personal values and beliefs respected.
2. Choose a healthcare provider and speak to a healthcare professional.
3. Have a family member or someone you choose told promptly of your admission into the hospital. Have your own doctor told promptly of your admission into the hospital.
4. Know the name of the doctor who will be in charge of your care. Know the names and jobs of all the others that will be seeing you during your hospital stay.
5. Be told about your illness, treatment and possibilities for recovery in the language and words you understand. You have the right to help the doctors make plans for your treatment and how it is to be carried out. You have the right to express your wishes regarding ethical questions that may come up. This may include questions about conflicts and how they will be resolved, withholding CPR and not doing or withdrawing life support treatment.
6. Make decisions about your medical care. Receive any information you may need to understand the medical care or tests that will help you give consent for, or refusal for, the treatment or tests. This information will include a description of the treatment, alternate treatments or non-treatments, the possible risks and benefits and the name of the persons who will provide the treatment or tests. In case of an emergency, medical care will be given before gathering information.
7. Ask for or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of the doctors to the extent permitted by law.
8. Be advised if the hospital/your doctor suggests to take part in or do human experimentation affecting your care or treatment. You have the right to refuse to take part in such research projects.
9. Reasonable responses to any reasonable requests made for service.



10. The patient has the right to appropriate assessment and management of pain.
11. To decide about advanced directives. This includes choosing a decision-maker if you cannot understand a suggested medical care or tests, or if you are no longer able to communicate your wishes regarding care. All hospital staff must follow the advanced directives.
12. Have personal privacy respected. You have the right to ask anyone in the room to leave during an examination or discussion about your care or diagnosis.
13. Have all communications and records regarding your medical care be treated confidentially. The hospital may release information when permitted or required by law. Except for these circumstances, the hospital will get your written permission to release any information other than basic information. Consultation, examination, treatment and discussions about your care will be conducted in a way that protects and respects your privacy.
14. To get information in your medical records within a reasonable amount of time unless the law states otherwise.
15. Receive medical care in a safe setting without physical abuse, verbal abuse, or harassment. You have the right to get protective services, including notifying government agencies, of neglect or abuse.
16. We will keep your child free from restraints and seclusion except when needed and as provided by law.
17. Receive information about all aspects of your care in a timely manner, including the time and location of appointments and the names of the people who will be caring for you.



- 18. Receive information about the specialty pharmacy patient management program, including philosophy and characteristics of the program.
- 19. Be informed by your doctor, or other caregivers, of continuing health care requirements following discharge from the hospital.
- 20. Know which hospital rules and policies apply to your behavior while a patient.
- 21. Choose those you wish to have visit, if you a have decision- making capacity, whether the visitor is related by blood or marriage, unless:
 - No visitors are allowed.
 - The hospital reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the hospital staff, another visitor to the hospital, or would significantly disrupt the operations of the hospital.
 - You have told the hospital staff that you no longer want a particular person to visit. The hospital may establish reasonable restrictions upon visitors, including restric- tions upon the hours visitors may come to the hospital and the number of visitors.
- 22. Have your wishes considered, if you lack decision- making capacity, for the purposes for determining who may visit. The method of the consideration will be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any person living in your household.
- 23. Examine and receive an explanation of the hospital's bill regardless of the source of payment.

- 24. Exercise these rights, and be treated with dignity and respect, without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation or marital status or the source of payment for care. You have the right to have your property and person treated with respect, consider- ation and recognition of patient/family dignity.
- 25. File a grievance and/or a complaint regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated, with the hospital and/or Department of Health Services and be informed of the action taken.

You and your child have the responsibility to:

- 1. Participate actively in decisions about care and treatment.
- 2. Treat others with respect and dignity. Respect privacy of others.
- 3. Be considerate of other patients, families and staff and follow hospital rules about patient, family and visitor conduct.
- 4. Follow the hospital's rules and restrictions about the number of visitors allowed, when they can visit and for how long.
- 5. Respect hospital property and the property of others.
- 6. Let us know if you have any questions or concerns about your child's treatment or care.
- 7. Know your child's health care requirements following discharge from the hospital, including follow-up care.
- 8. Be part of your child's health care team. This means:
 - Providing accurate and complete information about your child's health;
 - Answering all questions honestly and accurately;
 - Asking questions so that you understand what is happening and why;
 - Following the treatment your child's doctors and nurses have planned;
 - Telling us about any changes; and
 - Knowing the doctor who is in charge of your child's care.
- 9. Provide accurate and complete information about your family's health insurance and payments. Pay bills in a timely manner.
- 10. Know your responsibilities regarding your child's ongoing health needs.

RETURN MAILER CHECKLIST

CHOC Specialty Pharmacy asks you to complete these forms that will allow us to better serve you. Don't be afraid to ask questions and to reach out to anyone on the team for clarification or concerns.

Please email the signed forms to chocspecialtypharmacy@choc.org or mail to **CHOC Specialty Pharmacy, 1201 W. La Veta Ave. Orange, CA 92868** using the prepaid envelope in the welcome packet.

Required:

- ☐ Service Agreement
- ☐ Notice of Privacy Practices
- ☐ Shipping Acknowledgement

Optional:

- ☐ Patient/Client Satisfaction Survey
- ☐ Concern Form

SERVICE AGREEMENT

In exchange for CHOC Specialty Pharmacy to provide my child with medications and bill my insurance carrier or third-party payer that pays for the medications, I agree to the following terms and conditions:

1. PERMISSION FOR MEDICAL TREATMENT: I give CHOC Specialty Pharmacy permission to provide me with the medications my physician orders. My physician has told me:
- The reasons why my child needs these medications
 - The risks from taking the medications
 - The advantages of taking the medications
 - Possible complications
 - And alternatives to the medications

As with any medication therapy, I understand there are known and unknown risks. I certify no one has promised or implied any guarantees about the medications that have been prescribed for my child.

2. RELEASE OF INFORMATION: I understand that CHOC Specialty Pharmacy will use my child's protected health information ("PHI") as stated in the CHOC Specialty Pharmacy Notice of Privacy Practices that I have received separately from CHOC Specialty Pharmacy. If I have not received a CHOC Specialty Pharmacy Notice of Privacy Practices, I agree to call 714-509-9118 or 877-794-2462 to request another copy from CHOC Specialty Pharmacy.

3. FINANCIAL RESPONSIBILITY: I understand and agree that I am responsible for the payment for the medication(s) provided to my child by CHOC Specialty Pharmacy. If CHOC Specialty Pharmacy does not receive payment from my insurer or the third-party payor that pays for my child's medication(s), I to pay CHOC Specialty Pharmacy directly for the medications within thirty (30) days of receiving a bill from CHOC Specialty Pharmacy, except in cases where such payment to CHOC Specialty Pharmacy is not allowed by law. If my insurer and/or third-party payor that pays for my child's medication(s), pays me directly, I agree to send that payment to CHOC Specialty Pharmacy on the day that I receive payment.

4. UNPAID INVOICES: I agree that I will be charged interest for any amounts I owe to CHOC Specialty Pharmacy for more than thirty (30) calendar days from the due date. The interest rate will be one and one-half percent (1.5%) per month or the maximum rate allowed by law, whichever is less. I also agree to pay all costs and expenses of

CHOC Specialty Pharmacy collection efforts, including reasonable attorney's fees and court costs that are incurred by CHOC Specialty Pharmacy to collect overdue amounts.

5. ENTIRE AGREEMENT: This agreement contains the entire agreement of both parties. No other representation, promise, or agreement, oral or otherwise, expressed, or implied, not embodied herein, shall be used or enforced. Any changes must be in writing and signed by both parties to have any effect. This agreement will be enforced. It is used to benefit both parties now and in the future.

6. RETURN MEDICATION PROCEDURE: CHOC Specialty Pharmacy does not take back unused or discontinued prescription medication once given to patient. Please refer to Safe Disposal of Your Medications section for instructions on drug disposal.

I have read, understand and agree to all the above. A photocopy of this agreement may be used as though it were an original. This Release of Information and Assignment of Benefits will be effective until revoked by me in writing. It will remain in use until the date it is revoked.

Please Print Patient Name:

Date of Birth:

Patient/Guardian Signature:

Date:

Signature of the Primary Insured:

Date:

NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW CAREFULLY

Most patients of CHOC Children's Health System are children. When we refer to "you" or "your" in this Notice, we are referring to the patient. When we refer to types of disclosures of information made to "you," we mean disclosures made to the patient, the patient's guardian or person legally authorized to receive information about the patient.

WHO DOES THIS NOTICE APPLY TO?

CHOC Children's Health System ("CHOC Children's" or "we") provides health care to our patients and clients through our affiliated hospitals and facilities ("CHOC Children's Facility") in partnership with other professionals and organizations.

The privacy practices in this Notice will be followed by:

- Each CHOC Children's Facility, including hospitals, clinics, specialty care and primary care practice locations, and all other CHOC Children's operating units.
- All CHOC Children's employees, staff and other personnel who may need to access your information to perform their job functions.
- Members of the medical staff of each CHOC Children's Facility and other health care professionals who provide health care services at a CHOC Children's Facility.
- Any member of a volunteer group that is authorized by CHOC Children's to help you.
- Any Business Associate with whom we share health information.

PRIVACY IS IMPORTANT TO US

CHOC Children's is committed to respecting patient privacy and protecting patient health information.

If you do not understand the terms of this Notice, or have any questions, please contact the Privacy Officer at the telephone number listed at the bottom of this Notice.

Examples of Ways We Will Use or Disclose Your Health Information for Treatment, Payment, or Health Care Operations (TPO):

Each time you visit a hospital, physician, or other health care provider, a record of the visit is made. Usually, this record contains symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as a health or medical record, may be used for:

Treatment: The medical information obtained by a nurse, physician, or other members of your health care team will be recorded in your record and used to determine the best

course of treatment for you. We will also provide your physician or a subsequent health care provider with copies of reports in order to assist him or her in treating you once you are discharged.

Payment: A bill may be sent to you or your insurance company. The information on or with the bill may include information that identifies you, your diagnosis, procedures, and supplies used to care for you.

Health Care Operations: Members of the medical staff, the risk or quality management staff, and other appropriate members of CHOC Children's may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used and shared to continually improve operations necessary to run each CHOC Children's Facility and to make sure that all patients receive the highest quality care.

YOUR PRIVACY RIGHTS

Although your health record is the property of CHOC Children's, you have the right to:

- Request that we restrict how we use and disclose your health information for treatment, payment or health care operations. We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer if you, or someone on your behalf, has paid for the item or service out of pocket in full. To request restrictions, you must make your request in writing. We will inform you of our decision on your written request for restriction.
- You have the right to look at or get copies of your health information in most cases, but the request must be in writing. We must agree to your request or we will send you our reason for denial in writing and explain how you can have the denial reviewed. There may be charges for copies made.
- Request a listing of disclosures of your medical record for the last six years. This list will not include instances where you authorized the release. It will not include releases done during regular hospital treatment, payment and/or health care operations. The request must state the time period desired for the accounting. After the first request there may be a charge.
- Ask in writing that we amend your health information if you believe that your health information is incorrect or important information is missing. We could deny your request to amend a record if the information was not created by us, maintained by us, or if we determine the

record is accurate. You may appeal, in writing, a decision by us not to amend a record.

- Request a paper copy of this Notice.
- Request that medical information about you is communicated to you in a confidential manner or at an alternative location, but the request must be reasonable and you must specify how or where you wish to be contacted.

All written requests or appeals as referred to above should be submitted to the Privacy Officer listed at the bottom of this Notice.

OUR PRIVACY RESPONSIBILITIES

In an effort to provide the highest quality medical care and to comply with certain legal requirements, CHOC Children's will and is required to:

- Maintain the privacy of your health information;
- Provide you with this Notice as to our legal duties and privacy practices with respect to safeguarding your health information;
- Follow the terms of this Notice;
- Notify you if we are unable to agree to meet your requested restrictions; and
- Accommodate reasonable requests you may have to communicate your health information by different means or to different locations.

Examples of How Your Information Will be Used:

Appointment Reminders and Call Backs: We may use and disclose health information to contact you as a reminder that you have an appointment or to follow-up after a visit.

Family and Friends: We may give information to those you identify as responsible for payment of your care, a family member, friend or any other person involved in your medical care.

Patient Information Directory: Unless you notify us otherwise that you object, we will list your name, location in the hospital, general condition and religious affiliation in the hospital patient information directory. This information may be provided to members of the clergy, and except for religious affiliation, to other people who ask for you by name including members of the media.

If you would like to opt out of being in the hospital patient information directory, please notify the admission staff of the CHOC Children's location that you are receiving treatment at.

Health Information Exchange: CHOC Children's may make your individual medical information available to a local, regional, or national Health Information Exchange (HIE) for purposes of treatment, payment or health care operations or as required by law. A HIE is an electronic system that allows participating health care providers to share patient information in compliance with Federal and State privacy laws with the common goal of improving the quality of care for our

patients. Unless you notify us otherwise that you object, we may share your health information electronically through the HIE which will allow participating health care providers to access the information as necessary for treatment. Patient health information that currently by law requires an additional signed authorization for release will not be transmitted to the HIE without your consent or as otherwise mandated by law or regulatory requirement. If you would like to opt out of being included in the HIE, please notify the admission staff of the CHOC Children's location that you are receiving treatment at. If you decide to opt out after your visit/admission or have opted out and would like to now opt in, please call the Corporate Compliance Hotline at (877) 388-8588.

California Immunization Registry: CHOC Children's participates in the California Immunization Registry (CAIR), a secure computer system that stores children's immunization (shot) records. It is used by health care providers, public health departments, and other programs that serve children to protect the child's health by allowing access to shot records and sending reminders when shots are due. The registry is private and confidential and can only be used by authorized individuals who serve the child. Unless you notify us otherwise that you object, we will communicate to CAIR that your information may be shared within the registry. If you would like to opt out of information sharing within the registry, please notify the admission staff of the CHOC Children's location that you are receiving treatment at. If you decide to opt out after your visit/admission or have opted out and would like to now opt in, please call the Corporate Compliance Hotline at 1-877-388-8588.

We may use or disclose medical information about you without your prior authorization for several reasons.

Subject to certain requirements, we may disclose medical information about you without your prior authorization for the following purposes:

As required by law: We may disclose health information about you when required to do so by Federal, State, or local law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.

For Public Health: We may disclose health information about you to public health or legal authorities charged with preventing or controlling disease, injury, disability, child abuse or neglect, etc. as required by law.

Research: We may disclose health information about you to researchers when their research has been authorized through the appropriate CHOC Children's approval process, such as the Institutional Review Board.

The Institutional Review Board reviews research proposals and establishes protocols to ensure the privacy of your health information.

Health-Related Benefits and Services: We may use health information about you to notify you of health-related benefits or services that may be of interest to you. Your information will not be sold or provided to a third-party. You will have the opportunity to refuse or opt-out of receiving this information upon first contact of receiving marketing communications.

Fundraising: We may use health information about you to solicit funds to benefit CHOC Children's and its foundation. You will have the opportunity to refuse or opt-out of receiving this information upon first contact of receiving fundraising communications.

Business Associates: There are some services provided at CHOC Children's through contracts with Business Associates (i.e. CHOC Children's may disclose medical information about you to a company who bills insurance companies on CHOC Children's behalf to enable that company to help CHOC Children's obtain payment for the health care services we provide to you). To protect your health information, we require the Business Associate to appropriately safeguard your information.

Notification: We may use or disclose information about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

Funeral Directors, Coroners and Medical Examiners: We may disclose health information to funeral directors, coroners, and medical directors consistent with applicable law to carry out their duties.

Organ Donation: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

I have received and understand the Notice of Privacy Practices

Name:

Date:

Signature:

Organized Health Care Arrangement: Each CHOC Children's Facility and its medical staff members have organized and are presenting this document to you as a joint Notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing the past treatment as it may affect treatment at that time.

OTHER IMPORTANT CONSIDERATIONS

Complaints: If you believe your privacy rights have been violated, please contact the Privacy Officer at **1-877-388-8588**, or by mail at:

Privacy Officer
CHOC Children's
1201 W. La Veta Ave., Orange, CA 92868

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Secretary
U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Ave., S.W. Washington, DC 20201

Your care will not be affected, negatively or otherwise, for filing a complaint.

Change in Notice: We reserve the right to change this Notice of Privacy Practices at any time and to make the new changes effective for all health information we currently have and any we receive in the future. We will post a copy of the current Notice at each CHOC Children's Facility and on the CHOC Children's web site. The Notice will contain the effective date. In addition, you may request a copy of the current Notice each time you visit a CHOC Children's Facility for treatment or health care services as an inpatient or outpatient.

Other Uses of Health Information: We will not use or disclose your health information without your permission/authorization, except as described in this Notice. If you choose to authorize disclosure for another purpose, you may revoke such authorization in writing at any time, except to the extent that action has already been taken upon an authorization given to us.

Privacy Officer: 1-877-388-8588

This Notice of Privacy Practices is effective as of: November 1, 2016.

SHIPPING ACKNOWLEDGEMENT

CHOC Specialty Pharmacy uses special packaging and expedited shipping to deliver your child’s medication(s) on time and with special care.

Your child’s medication(s) will be shipped at no charge to you. We use an overnight national courier or a same day local courier depending on the kind of the delivery, location and pre-set guidelines.

We will coordinate with you the exact date of delivery and the approximate time. Most deliveries will require signature by the recipient. To avoid delay or problems with your child’s medication(s), please be sure that you are there to sign and receive the package at its scheduled delivery location and time.

If there are any delivery delays, we will notify you of the reason for the delay. If your child run out of medication(s) because of a delay, we will help you get the medication(s) from another pharmacy.

We value our customers and want to continue providing excellent customer service. You can help us by letting us know if there are any problems with your delivery. Please call CHOC Specialty Pharmacy to report any concerns or problems.

I have received and understand the Welcome Packet information, including the Rights and Responsibilities.

Name: _____

Date: _____

Signature: _____

PATIENT/CLIENT SATISFACTION SURVEY

Name (optional): _____ Date: _____

1. How likely are you to recommend our pharmacy to family and friends on a scale of 0 to 10 with 0 being “Not at all likely” and 10 being “Extremely likely”? *(Circle response)*

0 1 2 3 4 5 6 7 8 9 10
2. How satisfied were you with the education provided about your child’s medication?

☐ Very satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied
3. How satisfied were you with the education and counseling provided about your child’s health condition or problem?

☐ Very satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied
4. How satisfied were you with our pharmacy staff to quickly answer questions and/or resolve any issues?

☐ Very satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied
5. How satisfied were you with the condition and accuracy of your child’s filled prescription?

☐ Very satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied
6. How satisfied were you with the speed at which your child’s medication(s) was delivered?

☐ Very satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied
7. How often were you able to talk to our pharmacy staff about your child’s health or prescription(s) when you needed to?

☐ Always

☐ Usually

☐ Sometimes

☐ Never

☐ I did not want to talk to the pharmacy staff about my child’s health or prescription(s).
8. Do you want to provide any additional comments or suggestions?

☐ Yes

☐ No
- If yes, please add comments/suggestions below:

CONCERN FORM

CHOC Specialty Pharmacy is committed to providing your child with safe and quality care when meeting medication therapy needs. If you feel we have failed to meet your expectations, we want to know about it. At CHOC Specialty Pharmacy, our pharmacists are dedicated to the health and wellbeing of our patients. We want to work with our patients and families in delivering the highest quality of healthcare.

If you believe there is a problem with your child’s medication(s) or services, please call the CHOC Specialty Pharmacy at **714-509-9118** or **1-877-RX4-CHOC (1-877-794-2462)** to speak with one of our pharmacists. We will be glad to address any of your concerns. If you wish to file a grievance with this pharmacy, you may do so by writing or by calling the CHOC Customer Service CARE Line at **714-509-3200** or mail correspondence to CHOC Hospital, Customer Service Department, 1201 W. La Veta Ave., Orange, CA 92868.

If you feel your complaint or grievance has not been resolved to your satisfaction and wish to seek avenues for further review, you may contact the California Board of Pharmacy at **www.pharmacy.ca.gov**. You may also contact Accreditation Commission for Health Care at **1-855-937-2242**.

Patient Name:_____ Date: _____

Regarding:_____

Employee involved *(If applicable)*:_____

Nature of Problem: _____

QAQI Action taken: *(for CHOC Specialty Pharmacy Staff)* _____

_____ Date: _____



1201 W. La Veta Ave.
Orange, CA 92868
714.509.9118